The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XX DECEMBER, 1964 NO. 10

RELIGION, ETHICS, and MEDICINE

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, DECEMBER, 1964

SPECIAL ARTICLE

FAITH IN MEDICINE — TWO FORCES, ONE GOAL

by

REV. DR. PAUL B. McCLEAVE, DIRECTOR
Department of Medicine and Religion, AMA

Throughout all America, there is a new recognition on the part of many of the concept that man is a whole being. He is physical, he is spiritual, he is mental, and he is social in his total health. It is widely recognized that a weakness in any one of the four factors of his health can and does militate toward ill health in any one or all three of the other factors. We recognize immediately that all illness is not organic. The parents of the retarded child in some cases are more ill than is the child. Moments of shock, fear, hysteria, and grief are moments of serious illness and these illnesses can affect the whole being of the patient.

The faith of the individual patient is a vital factor in total health. The patient must be treated and cared for within the scope of that faith. There

may be times that the physician would disagree and not appprove of the concept or attitude that a faith group presents to his patient, but the fact still remains that it is the patient's faith and every physician knows that he must treat within that faith. There needs to be greater understanding between the physicians and all faith groups as to the requirements of those faiths relative to patient care. There needs to be greater understanding on the part of the clergy of the physician's attitudes and feelings. The clergyman must understand the physician's deep concern to help the patient and that the physician's decisions are oft times difficult to come by, but he must make decisions. In these decisions which the physician makes, he recognizes that he treats, but God heals. In the treatment and care of the patient the faith of the patient has much to do with the healing process — the will to live or to die. The faith of the patient gives him the courage, the strength, the patience, the assurance, and the hope all of which aid in the healing process. These are not things that can be purchased in a bottle at the drug store. This is that which underlies the very basic philosophy of life that each individual must have and does have which affects his total health.

Man — A Complex Being

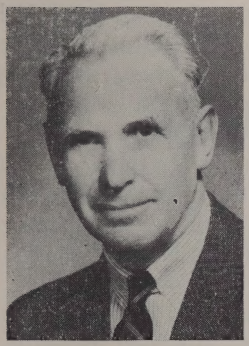
If man is to find total health, the abundance of life which has been promised to him by his creator, God, then it is essential and necessary that he develop to the fullest extent a perfect body physically; a perfect mind, mentally: a perfect soul spiritually; and a perfect life, socially. As we strive to accomplish this abundance of life so promised to us, we find that man is a complex being — a whole being. Whether our illness is physical or spiritual, we see the complexity that shows to us the need of the physician and the clergyman to associate themselves and to become concerned of this total man. Combining then faith with all the knowledge of medical skill and science, with all the understanding of society and our emotional being, we may have that abundance of life so promised us.

"The church is primarily concerned with the patient's spiritual welfare and the physician with the patient's physical condition, but all of us are aware of the complexity of the individual and the importance of treating the whole patient", so says Doctor Edward H. Rynearson of Mayo Clinic. Among all the alliances in effect today, none, I believe, will prove more productive and beneficial to human welfare than the alliance of medicine and religion.

The tremendous advances of modern medicine create and make necessary decisions which in the past were not required of the patient, his family, or his doctor. But these decisions are in the midst of us. It is easy for us to say it won't happen to us,, but it does happen to us — catastrophic illnesses, a tragic accident, the birth of a deformed retarded child. These are things that are in our everyday lives. They happen to our neighbors, but more than that, they happen to ourselves. Too frequently, the patient has the thought that regardless of his illness—organic, spiritual, emotional or social—he may go to his physician, and his physician with all of his knowledge can give him

(Continued on Page 16)

President's Page



Season's Greetings

In varying degrees we all experience a sense of inner joy and peace at Christmas time. Usually it is in direct proportion to our spirit of giving. Giving is not merely the exchange of gifts, which after all are only a token of the love and affection we feel toward our family and friends. Real giving is from the heart — something that can't be wrapped in fancy paper or tied with ribbon. Sympathy, solicitude, compassion, and even forgiveness, are the substance from which the genuine spirit of Christmas derives.

"I would have you love one another as I have loved you." These are the words of Christ whose birthday we celebrate. By our Christmas spirit we render love to our invisible God through his children, our fellow men, regardless of color, race, or creed.

On the eve of this Holiday Season Mrs. Miner and I count the many blessings which have come our way — not the least of which is the warmth and comfort of your friendship. In return we wish all members of the HDMS a MERRY CHRISTMAS AND A HAPPY NEW YEAR. We wish them also the joy and peace which can come only from the giving of one's self.

Theodore R. Miner, M.D.

HAMPDEN CAPSULES

Meetings at Headquarters

Executive Committee
Public Health Committee
Medico-Religious Committee
Health & Accident Insurance Committee
By-Laws Committee
Mental Health Committee
Insurance, Labor Relations & Industrial Accidents Committee

Dr. John Maloney appeared on Kitty Broman's show on WWLP on Wednesday, November 18. Both talked about diabetes and tried to inform the public.

In 1965 the HDMS will celebrate its 125th anniversary. More on this will appear in the January issue of the Hippocrat.

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Dr. Izenstein, Chairman of Diabetes Detection Week, appeared on Tom Colton's show on November 16. With him also appeared Miss Janet Wright of Springfield Technical High School who demonstrated how the Dreypak strips are tested by the students.

Bob LaMarche's Public Relations Committee is buzzing with activity, including a Medico-Press conference which was held on November 10.

Mrs. Vivian M. Purdy, Executive Secretary, was installed recently into the Zonta Club (a professional women's organization that only takes one of each profession).

The Censors held their meeting on December 3, 1964.

Drs. Robert Sears, James Scola, Bernard Bloom, Howard Kennedy and Mrs. Purdy attended the Visiting Nurses Association's Annual Banquet on November 12 at Betty's Town House in Agawam.

Mrs. Harry Baker made new drapes for the big meeting room.

"The intelligent doctor has always been concerned with refreshing himself, and keeping up-to-date. In the past, he nearly always did it alone, but now the need is so urgent that the state, the universities, and the hospitals are taking the job over. The problem is no longer personal but social, and various institutions help to solve it. Continuous medical training is thus made much easier, the moral obligation to continue becomes more imperious, and the lack of it more inexcusable." —Ignacio Chavez, M.D.

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MEDICO-RELIGIOUS COMMITTEE

The Medico-Religious Committee has been meeting every 3rd Wednesday of the month. The clergy members have shown keen interest both by their good attendance and by their lively participation in committee work. Doctor-Clergy relationship, methods of communication, and relationship with hospital administrators relative to treating the "whole patient", have been the subjects of discussion at recent meetings. It has been indicated that another formal presentation similar to the one of last April be planned for next spring. The next meeting of the committee is scheduled for November 18, 1964.

The Chairman of the Committee participated as a panelist in a *Program on Medicine and Religion,* held November 3, 1964, as part of the New England State Medical Societies' program.

John J. Bandeian, M. D.
Chairman

AMA MOTION PICTURE ILLUSTRATING MD-CLERGY RELATIONS HONORED

The One Who Heals, an American Medical Association film featuring a series of vignettes that illustrate the kind of situations in which the physician and the clergyman are both involved in the care of patients, was presented The Chris Award of the Film Council of Greater Columbus, Ohio.

The Chris Award was presented to to the AMA film in recognition of its "excellence" in the health-mental health category at the Film Festival. Each story in the 27-minute sound and color film indicates that faith is a factor in the treatment of the patient or in dealing with the patient's family.

Copies of *The One Who Heals* may be borrowed for showing before medical, religious or service club groups from the AMA Film Library, 535 N. Dearborn, Chicago, Ill. 60610.

"The doctor who requires of the surgeon part of his fees for bringing him a patient is committing a double transgression: first, against his colleague, for exploiting him; second, against his patient, by placing him in hands which may not be the best available, but are the most remunerative for the doctor, and at the same time possibly causing an increase in the surgeon's fees."

—Ignacio Chavez, M.D.

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MEDICAL ETHICS: WHITE, BLACK, AND GRAY

Most of us are familiar enough with our professional codes of ethics to distinguish readily between the obvious ethical and the obvious unethical. (No one, for instance, would argue the point that fee-splitting is unethical.) Between these two extremes of white and black, however, there is a vast gray, or in-between area, where honest differences of opinion and interpretation may well exist.

In an interesting panel discussion on medical ethics reported in *Medical Economics* (September 23, 1963), a number of gray areas are considered by a panel of 5 physicians and a lawyer who serves as executive director of the California Medical Association as well as its counsel. A number of the problems discussed raise interesting questions. For example, what does the family physician do about the patient who wishes to be admitted to the hospital for diagnostic x-rays simply because he has Blue Cross when the physician does not consider hospitalization otherwise needed? The patient is said to be strapped for funds. While sympathetic to the plight of the patient, the panel was unanimous in declaring such hospitalization as unethical, but also indicated that the physician should help his patient obtain the necessary diagnostic studies through other available facilities. Parenthetically it must be admitted that this is a serious weakness of Blue Cross which does not provide adequately for diagnostic studies. But the solution to the problem does not lie in being dishonest. In 1961 *Medical Economics* survey showed that unnecessary hospital services resulted in a waste of $216,975,000 annually, including unnecessary admissions, unwarranted overstays, and unwarranted laboratory tests and x-rays.

Recall systems have often been a source of irritation when patients have changed physicians since their last visit. The panel felt that pediatricians who send out recall cards for well baby checks are soliciting patients and are unethical. Yet there remains the dilemma of distinguishing between frank solicitation and serving the health needs of the patient. For example, the patient who had a radical mastectomy for carcinoma of the breast and fails to return for follow-up presents a serious problem. Often patients welcome these reminders, but the physician, to avoid the accusation of patient stealing, might suggest that the patient return if he is not currently under the care of another physician.

Highway accidents have often presented a dilemma to the physician motorist who wishes to help a fellow human being in distress, but who may be in an unrelated specialty, or in any case fears a law suit for malpractice. Nevertheless a physician is morally as well as ethically bound to render what help he can. In Massachusetts he derives some degree of protection in automobile accidents from the Good Sa-

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maritan Law. In any case, the panel suggests that he inform the police that he is merely giving emergency care and that the patient should be taken to the hospital for further treatment. Furthermore, the panel suggests he should also inform the patient or his family by registered mail that he rendered only first aid treatment and that further treatment as soon as possible should be sought. This procedure helps the injured patient and at the same time protects the physician from a claim of negligence or abandonment.

Local Customs

The more complex the practice of medicine becomes the more problems arise in the vast gray area of ethical conduct. There may be wide differences in customs between different communities, and local custom is certainly a determining factor. In some areas, any type of telephone listing is acceptable. In Hampden District, however, a definite stand was taken at the meeting of September 26, 1962 when it was voted "that the yellow page telephone listings be limited to address, specialty, and office hours in the telephone directory of the area where the doctor's home or office is located as advocated by the Judicial Council of the American Medical Association". Local custom often dictates that which is ethical.

In any discussions of medical ethics, it must be emphasized that it is the patient's welfare that is our primary concern. Nothing can ever change this basic truth. If the code protects also the physician, as it very often does, this is only of secondary importance. If, for example, unfair criticism is leveled at a colleague, this reflects unfavorably on the whole profession. As a result there may well ensue a loss of confidence in all physicians by the patient to the detriment of his treatment. Or, failure of a specialist to refer back to the family physician patients who are sent to him for opinion only may consciously or unconsciously result in hesitancy by these physicians to seek consultation in the future where such additional help would be to the benefit of their patients.

Whenever in doubt if a given problem, ethically speaking, is black or white, all we have to do is to determine whether it is beneficial or detrimental to the patient. The situation was perhaps best summed up by Dr. Ignacio Chavez in a recent issue of the JAMA: "With his individual morality to guide him, the doctor will nearly always know what to do. His conscience will lead him towards the right, and he will be able to carry out his labor of love among men."

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AUXILIARY DOINGS

WHITE CAP BALL

On Saturday, November seventh, the newly decorated red and gold Opera House Ballroom of the Kimball Towers was the scene of the twelfth annual White Cap Ball. The Woman's Auxiliary to the HDMS sponsors this event yearly for the benefit of their nurses' recruitment fund. About three hundred doctors, their wives, and guests attended this gala affair, one of the largest in recent years. Dinner was served at eight, and dancing was enjoyed until midnight to the music of Russ Hamilton's orchestra.

Arrangements were made by Mrs. B. Bruce Alicandri, general chairman and Mrs. Stanley R. Dixon, co-chairman, with the help of the following committees:

Tickets and reservations — Mrs. Harry Corwin, chairman
Mrs. William J. Kisiel, co-chairman
Mrs. Jules R. Setnor
Mrs. Richey V. Waugh, Jr.
Mrs. Arthur Gramse

Decorations — Mrs. Karel Susat, chairman
Mrs. John J. Driscoll, co-chairman
Mrs. George Bronos
Mrs. John Yelle
Mrs. O. J. Menard

Hostesses — Mrs. Joseph Angelica, chairman
Mrs. Jacob Shammash, co-chairman
Mrs. Irving Hoff
Mrs. William Cummings
Mrs. Joseph Stirlacci
Mrs. Silvano Macciaroli

Music chairman was Mrs. Carlo Montori; treasurer Mrs. Frederick Post, and honorary chairman Mrs. Emanuel Wiedman, president of the Auxiliary.

Financially, as well as socially, this event was highly successful. Thanks to the excellent response by doctors and friends of HDMS, the Auxiliary will be able to award a number of scholarships to girls wishing to enter the nursing profession.

* * *

Christmas Membership Tea

The Auxiliary's annual Christmas Membership Tea will be held on Tuesday, December 8th, at the home of Mrs. Setrag Zacarian, 154 Colony Road, Longmeadow, two-thirty p.m.

Guests of honor will be the following members who have joined the Auxiliary this past year:

Mrs. Waclaw Hojnoski, Mrs. Richard S. Sowell and Mrs. Frank Sterb of Springfield.

Mrs. William J. Cummings and Mrs. Francis Stein of West Springfield.

Mrs. Richard H. Butler and Mrs. Allan S. Peck of Wilbraham.

Mrs. John J. Sandt, South Hadley.

Mrs. Robert J. Donohue, Holyoke.

Mrs. Sawyer E. Medbury, East Longmeadow.

Invitations have also been sent to girls from foreign countries who are attending American International College, Springfield College and Bay Path Junior College.

Pouring at the tea will be past presidents Mrs. Martin Gaynor, Mrs. Alfred Glickman, Mrs. Harry Baker, Mrs. Aldo Leani, Mrs. George Ross, Mrs. William Devlin, Mrs. Elmer Franseen, Mrs. Arthur Gramse, Mrs. Charles D'Avanzo, Mrs. J. W. S. Hartshorn, Jr. and Mrs. Charles Diamond. Mrs. Emanual Wiedman is president of the Auxiliary and Mrs. Raymond Conway, president-elect.

The Bay Path Junior College Key Notes, a group of fifteen girls, will sing a program of Christmas selections, from three to three-thirty p.m.

Mrs. Omar T. Pace and Mrs. Eugene Beauchamp, Jr. are chairman and co-chairman of arrangements. All members are cordially invited.

Mrs. F. M. H. Ziter,
Publicity to Hippocrat

THE SPRINGFIELD HOSPITAL PEDIATRIC GUEST SPEAKER PROGRAM

Auditorium - Springfield Hospital
5:00 P.M. Clinical Session
6:00 P.M. Pediatric Rounds
6:30 P.M. Dinner
8:00 P.M. Formal Lecture

Thursday, January 7, 1965

Edward F. Rabe, M.D.
Assoc. Prof. of Ped. Neurology
Tufts Univ. School of Medicine

Subject: "Subdural Effusion in Infants and Children".

AAMA

An all-time high registration of 488 marked the 8th annual convention of the American Association of Medical Assistants, October 13-18, in Oklahoma City.

Thirty-seven medical assistants were certified in 1964 under the program established by the American Association of Medical Assistants.

"Let the people know the facts and they will choose wisely."

—Ben Franklin

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THE STATE OF THE SOCIETY

by President Theodore R. Miner

Presented at Meeting of December 1, 1964

For the moment this evening I am going to depart from tradition and report to you on the "State of the Society".

Following our last meeting one of our members came up to me and with strength of purpose asked: "What is the Medical Society doing?" This was a very pertinent and well accepted question. I have always believed, and will continue to believe, that the membership of this Society should be kept informed constantly of what the Society is doing. It is the duty of your officers to do so; if they do not, they should be considered derelict. Knowledge negates misunderstanding.

We have several media by which you are kept apprised of the activities of the society. You receive from time to time Newsletters which carry pertinent information; The Hippocrat, under the able editorship of Dr. Max Millman, carries much that is of interest and also much food for thought. I commend this fine publication to you for complete reading; and lastly, you have this report from your President.

What have we accomplished during this present administration? We have completed the very important and worthwhile Polio vaccination program started in the regime of my predecessor, Dr. Tim Murray. We have voted approval of the philosophy of the Vaccination Assistance Program, whereby the citizens of our community were offered the opportunity of vaccination against tetanus, whooping cough and diphtheria. (We did not, however, actively, as a society participate in this program.) We have cooperated with the AMA in the nationwide Community Week by placing five articles in the newspapers dealwith such topics as planning for retirement; bringing to the attention of the public the truly great service of the Voluntary Health Agencies; proper exercise programs; the tremendous value of immunization against diseases; and finally the recommended regimen for "mothers-in-waiting". One of the truly fine programs we have initiated is the Diabetes Detection Program under the guidance of Dr. Louis Izenstein, which was highlighted by the recent Diabetes Week; Glaucoma detection week was another very important activity carried on by members of our Society, who gave freely of their time. I am grateful for all these fine services rendered by dedicated men of our Society and they have my personal thanks.

We have done these things with one purpose in mind—the betterment of the health of our community. This alone is our reward.

The twenty city Community Health Study, in which Dr. John Turner is very actively interested, is a worthwhile and stimulating experience. Springfield is one of twenty cities in the United States selected for this

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study of the health needs of the community.

Our Chairman of the Disaster Committe, Dr. Walter Mozden, has met with city officials to implement the important Medic-Alert Program.

I have had the privilege and pleasure to attend, during my term of office, many committee meetings. I am tremendously impressed with the sincerity and depth of thought and the dedication of many members of our committees. I do not wish to single out any particular individuals—they are all doing a job and doing it well.

Your Executive Committee, which is empowered to act for the Society as a whole in many instances, meets every month. I can assure you it is a most forthright committee and accomplishes much. Acting, as it does also as a Grievance Committee, it has resolved with fairness and finesse many grievances which it receives.

It is my hope that this brief account of your Society's doings will have answered the original question and should assure you that we will not stand still and be a "do nothing" Society, for any Society which does not progress, regresses.

COMPLIMENTS

Ernest A. Byron

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DIABETES DETECTION WEEK

The week of November 15-21 was observed throughout the Nation as Diabetes Detection Week. Sponsored nationally by the American Diabetes Association, the Hampden District Medical Society co-sponsored the local drive together with the Springfield Public Health Department and the Springfield Druggists Association. This was the fourth such drive in this area.

During this week a program of publicity was carried out via all media. The public was invited to participate by sending to the Society a Dreypak filter strip which had been dipped into a urine specimen and allowed to dry. This filter strip was tested by students of the Springfield Trade High School under the supervision of the members of the medical sub-committee.

At the present time, 2,689 tests had been made and 114 positive tests had been recorded. Reports of all tests will be sent to the participants and the positive results will be reported both to the individual and to his physician. The Auxiliary has assumed the responsibility of the clerical work involved in sending these reports.

On the basis of numbers alone, this drive can be considered as a successful effort. For the second time the drive included all the communities represented in the District Society. This campaign is for detection and education — to detect the unknown Diabetic, to alert the public to the manifestations of the condition, and to remind the known Diabetic of the need of continuous care and medical supervision.

Louis A. Izenstein, M.D.,
Chairman, Sub-committee on Diabetes

ACADEMY

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, JANUARY 12, 8:30 P.M.

Speaker:	**CAPTAIN CALVIN C. CHAPMAN** **Flight Surgeon** **Air Force Medical Corps,** **Westover Field**
Topic:	**"AVIATION and AEROSPACE MEDICINE"**
Place:	**Auditorium, Municipal Hospital,** **Springfield**
Hospital Clinic:	**Mercy Hospital, 5:00 P.M.**

COMING EVENTS

HAMPDEN DISTRICT MEETING, FEBRUARY 2, 1965

EXECUTIVE COMMITTEE MEETINGS: DECEMBER 15 and JANUARY 19

ACADEMY MEETING, JANUARY 12 (Page 13)

DIABETES in REVIEW, 12th Postgraduate Course, January 20-22, Chicago, Ill.

M.M.S. COUNCIL MEETING, FEBRUARY 10, 1965

AMERICAN COLLEGE of SURGEONS, 1965 SECTIONAL MEETINGS,
PHILADELPHIA, PA., FEBRUARY 15-17

M.M.S. ANNUAL MEETING, BOSTON, MAY 18, 19, and 20, 1965

A.M.A. ANNUAL MEETING, NEW YORK, JUNE 20-24

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PREVENTION

Most viruses remain untouched by today's antibiotic agents. Once a virus infection has become entrenched, treatment can only be supportive or palliative, and recovery is often slow. To date, the most fruitful means of attacking viruses is by prevention through immunization. Immunizing agents are now available to thwart many of the killers of yesterday. Intensive research in immunology moves toward the conquest of many other viruses—those that kill as well as those that slow us down.

Pfizer's work in the field of immunology is modern and expanding. For all practical purposes, it was launched in 1958 with the licensing by the National Institutes of Health of a monovalent Asian influenza vaccine. Later in the year, influenza polyvalent vaccine, types A and B, containing four virus strains was licensed and marketed. Two new strains were added in 1963, on the recommendation of the U.S.P.H.S.

In 1959, Pfizer introduced an improved high-potency Salk polio vaccine and rapidly became one of the largest suppliers of this material.

Company virologists, meanwhile, had been working with Dr. Sabin on oral polio vaccine. By the end of 1961, Types I and II had been licensed and they were followed by Type III early in 1962.

Research on a measles vaccine had also been in progress, based on the achievement of John Enders and his associates in isolating the virus and in developing the original tissue culture methods needed to grow the virus in quantity. Four years of intensive research bore fruit in March 1963, with the licensing of a killed-virus mea-

sles vaccine. Behind it were two years of clinical testing on more than 17,000 children in nearly 100 cities.

Under Government contract, research is now being pressed toward the development of vaccines for a number of respiratory infections, including the common cold. There are additional projects on infectious hepatitis and the development of viral antigens and antisera for reference standards. These and other programs are part of overall Pfizer research dedicated to the quest of new and effective means of preventing disease.

The story of recent developments in the field of immunology is well told and illustrated in a 20-page color brochure entitled "Smallest Assassin." For your copy, write: Pfizer Laboratories, P. O. Box 1773, Grand Central Station, New York, New York 10017.

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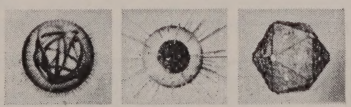

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Faith in Medicine

(continued from page 2)

a pill or take the surgical knife and care for the diseased area. He feels that all then will be well. But this is not true. Too frequently our illnesses are not organic that can be handled by drugs. They are not a diseased area that can be removed by a surgeon's knife, but our illness requires something deep within our heart and within our life. Because of the stress, strain, and the pressures of the world in which we live, we have forgotten that faith plays a vital and important role in our total well-being.

Typical Situations:

May I suggest two or three situations which could occur to any one of us, and which required more than all the knowledge and skill of medicine. A young mother stands at the door of an emergency room. She is rushed to the hospital with her child who was hit by an automobile. The door of the room opens and the physician informs the mother that her child is dead. Her grief, fear, shock, guilt, hysteria, is an illness which needs far more than sedation. This requires the unfolding of the spoken word of the mother as she pours out her broken heart to one who will listen. Here then begins to show us the necessity of the innerplay of the physician and the clergyman caring for the total health of the person. Organically she is not ill, but she is seriously ill emotionally and spiritually. She needs both the physician and the clergyman.

To what extent does the physician use his knowledge and his skill to sustain life? It is his credo to do all in his power to sustain the life of man. We hear the question—to what extreme does the doctor use extraordinary measures to maintain life? But what are "extraordinary measures?" That which was extraordinary ten years ago is ordinary today. To what extent do we maintain the patient as a vegetation of life? This is not a matter of euthanasia or mercy killing, for medicine as a profession is opposed to either. The physician and the clergyman need to have dialogue in this area: They need to discuss this carefully with understanding, compassion, and mercy so that the physician can be guided to his correct decision.

A few weeks ago, in an automobile accident, a young teenage lad was seriously injured. Taken to the hospital, all the medical care, all that anyone could ask for was being done. But the spinal cord has been severed. The young man had only one thing to look forward to in the future—physically, that is, total paralysis from the waist down. A mother and a father who had dreamed and hoped and planned for their son's future now saw all plans, all dreams, dashed as a broken dish. The young man who had lived day by day, as any young man, full of hope,

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energy and enthusiasm, now finds all this gone. A wheelchair is to be his home. What is life? Wherein do we turn to give this man the desire, the hope, the encouragement to live? Here, then again is the innerplay of the physician and the clergy and the family—to chide, to goad, to encourage, to make this young man see that life is more than a pair of legs—to build his faith in the tomorrow that life is still wonderful. It takes more than a drug, more than a surgeon's knife, more than the love and compassion of a family—it demands faith.

Many other illustrations could be given, but these show and point up the necessity that there is a place for the two professions of medicine and religion to become deeply concerned with the life and the health—the total health—of every individual. By coming together, communicating and discussing, the physician and the clergyman may take steps to develop the finest of medical care that can be given to a patient.

Action by AMA

In recognition of this, the AMA established the Department of Medicine and Religion to create the proper climate for communication between the physician and the clergyman that will lead to the most effective care and treatment of the patient in which both are interested. It is an expanding concept of health care.

To achieve this purpose, the department is working through physicians to establish contacts with the clergy and is directing studies in areas where there is continuing correlation involving medicine and religion. The department is to bring together physicians and clergy of all faiths to discuss the areas of need of their local communities in which the two professions working together may be of service to one another and to the patient and his family.

You will be interested in knowing that in this short period of time in which the department has been active, 47 states have now implemented the program and over 500 county medical societies of the 1900 county medical societies have implemented the program having had from two to seven programs in which this dialogue takes place. The response on the part of both physicians and clergy has been tremendous, far beyond any expectation, for there is a sincere desire on the part of both to do all that they can to bring total health to every patient and every parishioner.

In addition to the local programs, we are also carrying out programs of this nature in medical schools and theological seminaries throughout America, for it is the desire and the need on the part of medicine that the young physician in his medical training be informed of the total health of man: that he is going to be confronted with patients who are seriously ill, but not always organic: that as a physician,

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he needs to know concerning all faith groups, the demands of the tenets and the doctrines of those faith groups, for his patients are going to be patients of faith groups other than his own. The young man planning to be a clergyman needs to know his relationship to the physician, to the hospital. He needs the guidance and the direction which medicine can give as he counsels with his parishioner. It is through these programs that the two professions may find a new understanding, a new relationship and become colleagues.

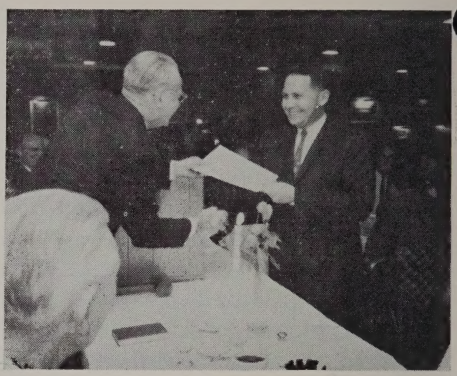
The confidence that the average family places in its clergy and physician requires that the two consult with each other whenever necessary. From their collective judgment will come the means for providing the most effective care and treatment of the patient as a whole man. This is the new concept. These then, are the two forces —medicine and religion—with one goal, that you and I may receive the finest care and treatment in our illness, knowing full well that illness may be organic, may be spiritual, may be emotional, may be social. This, then, is our goal—total care.

#

MENTAL HEALTH COMMITTEE MEETING

The Mental Health Committee met on Monday, November 9, 1964. Present were: Drs. Boss, Sandt, Larson, Rapinchuck, Polchlopek, Bernstein, Harrington, Clarke, and Cooper.

Each part of the resolution enclosed in the NEWSLETTER of the MMS was discussed, as was also a resolution brought into the committee by Dr. Bernstein. It was decided not to present his resolution at this time.



New member (Dr. R. C. Sowell) receiving membership certificate from President Miner as President Baty, M.M.S., looks on.

It was suggested that a member of this committee be represented on the State Society Mental Health Committee, in some capacity.

A progress report was given by Dr. Boss, who is on the Mental Health Center By-Laws Committee. The name of the center will probably be "Mental Health Service of Greater Springfield, Inc.". Dr. Harrington is chairman of programming with eleven members.

Dr. Larson gave a brief report from the booklet, "Progress Report on Massachusetts Mental Health Planning Project". Similar booklets will be ordered for each member by the Society.

More information on the A.M.A. National Congress on Mental Health will be discussed at the December meeting.

Eugene Boss, Jr.
Chairman

If it is newsworthy and medical, the Hippocrat would like to hear about it.

DECEMBER (1) MEETING HIGHLIGHTS

Meeting is held at Kimball Towers, Springfield . . . 170 in attendance against 194 reservations . . . Minutes of previous meeting are read and accepted . . .

President Miner calls for a moment of silence for Dr. Samuel Feldman, who died October 3 . . . Summary of the following committee reports are read by the secretary: Health and Accident Insurance, Diabetes, and Public Relations . . .

Dr. Miller reports for the Scholarship Committee . . . (A complete report will be published in the next issue of the Hippocrat) . . . His report is approved . . . Amendment to Chapter VII, Section 2, as published in the November Hippocrat, is adopted . . .

Following the social hour and roast beef dinner the meeting is resumed at 8:45 P.M. . . .

President Miner presents a report on the State of the Society (see page 11) . . .

Speaker of the evening is then introduced . . . He is Mr. Maurice A. Donahue, President of the State Senate who spoke on "Medical Legislative Problems". (His address will appear in the next issue of the Hippocrat) . . . This was followed by a question and answer period . . .

President Miner makes the following two announcements: (1) The Auxiliary's White Cap Ball raised $2,372.00 for its scholarship fund . . . (2) Dr. Donovan Ward, President of the AMA will be guest speaker at the February 2nd meeting of the Society at which time a special program in observance of the Society's 125th Anniversary will take place . . .

Meeting adjourns at 9:20 P.M.

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IS THE OATH OF HIPPOCRATES VANISHING?

Medical schools, according to a recent study, have been swearing off Hippocrates.

This conclusion was reached by two sociologists, D. P. Irish, Ph.D. and D. McMurry, who obtained their data by sending questionnaires to medical schools in the U.S. and Canada. 96 out of 97 schools responded:

27 administered no oath to the graduating class.

Only one in nine out of the remaining 62 used the traditional Hippocratic Oath.

1/5 of the U.S. schools used the modified or the Ohio State University form.

32 other versions were also in use.

The "most preferred" schools, defined by the sociologists as those "with 10 or more applicants for each place in the entering class," tended more often not to use any oath.

The updated version of the oath known as the Declaration of Geneva, adopted by a committee of the World Medical Association shortly after World War II, is now in use in more schools than is the original Hippocratic Oath. (See below)

"DECLARATION OF GENEVA"

Adopted by the General Assembly of THE WORLD MEDICAL ASSOCIATION at Geneva, Switzerland, September, 1948

At the Time of Being Admitted as a Member of the Medical Profession

I Solemnly Pledge myself to consecrate my life to the service of humanity.

I Will Give to my teachers the respect and gratitude which is their due:

I Will Practice my profession with conscience and dignity;

The Health of My Patient will be my first consideration;

I Will Respect the secrets which are confided in me;

I Will Maintain by all the means in my power, the honor and the noble traditions of the medical profession;

My Colleagues will be my brothers;

I Will Not Permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;

I Will Maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I Make These Promises solemnly, freely and upon my honor.

QUOTE OF THE MONTH

"Any reorganization of the medical profession that threatens the personal bond between doctor and patient is to be viewed with suspicion, even if the object appears at first sight to be more thorough and careful practice. With the exception of the relationship that one may have with a member of one's family, or with the priest, there is no human bond that is closer than that between physician and patient (or patient's family), and attempts to substitute the methods of machine or organization, be they ever so efficient, are bound to fail."

Peabody, Francis W.: Doctor and Patient (New York: The MacMillan Co., 1939).

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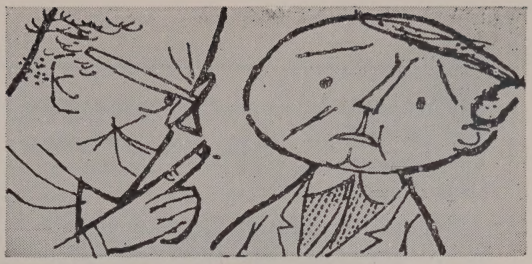

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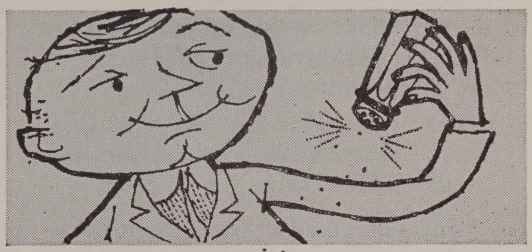

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CORRESPONDENCE

ALL ABOUT POLIO IMMUNIZATION

Dear Hippocrat:

Because the Health Department office receives many questions from physicians regarding polio immunization policies, I am forwarding the latest memorandum on this subject from the State Department for publication in the Hippocrat.

Lowell Bellin, M.D., M.P.H.
Commissioner of Public Health
Springfield

Following the Surgeon General's recent report on polio immunization, a number of questions have arisen among medical groups and local boards of health about the interpretation of this report and the advised procedures for polio immunization in Massachusetts. The Department of Public Health accepts the Surgeon General's recommendation and recommends the following immunization procedures for polio.

1) All children between the ages of two months and eighteen years (or high school graduation) should receive immunization against polio (See the Department's memorandum of October 1, 1964). Complete immunization of children is indicated because they are the principle victims and also the principle spreaders of the infection. Immunization of children will, therefore, not only protect them but will virtually exclude polio from the community. This immunization should be on a community-wide and individual basis.
2) Adults (persons eighteen years of age and over) should receive live virus (oral) polio immunization if they are considered to be at greater than usual risks, i.e. travel, occupation, etc.. Thus polio immunization for adults should be given on an individual basis only. There is no need at the present time to conduct mass immunization clinics for adults in Massachusetts because of the low incidence of polio nationally (no cases in Massachusetts this year), the high rate of immunization of pre-school and school age children, and also because of the remote possibility of vaccine-associated polio in adults.

Primary emphasis should be given in all communities to the immunization of children between two months and eighteen years of age. Provided the immunity level of children is kept high, immunization of the adult population is unnecessary except on an individual basis, as indicated.

Enclosed are two additional copies of this notification. If you desire additional information or have any questions, please contact the District Health Officer serving your community.

Alfred L. Frechette, M.D.
Commissioner
Mass. Dept. of Public Health

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P-G Medical Series

Dear Hippocrat:

The Connecticut Academy of General Practice is pleased to inform you that a high-quality postgraduate medical series will soon be presented on Subscription TV, Channel 18, Hartford. The first of the 15 week program starts on November 15th, and will initiate a wide variety of medical lectures including the Normal Delivery, Injuries of the Hands and Face, Fluid Management in Intestinal Obstruction, and others.

We think this is a valuable educational opportunity. Of particular significance to Academy members in your Society is the fact that the course has been approved for 15 credits by the American Academy of General Practice.

While it is the policy of the Academy and its officers to avoid the endorsement of commercial products and programs, we do not hesitate to recommend this series for its course content.

If you would like to reproduce this letter for distribution among your members, you have our permission.

Michael V. Gualtieri, M.D.,
President
Connecticut Academy of
General Practice

(Although the series starts November 15th, each program will be repeated twice. For example, programs will be shown Sunday afternoons at 5 P.M. and repeated Tuesday evenings at 10:30 and Thursday evenings at 11 P.M.).

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Have left their futile flasks and endless trials?
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Exalted love in spite of our denials
Is meted out with life to those who seek
For guidance, to the souls who would enhance
The lives of earth-bound men, or bold or meek,
And not their own. That is not left to chance.
Was fission of the atom solved in vain,
Can men be trusted with atomic power?
May they at last expunge the brand of Cain,
The human race enjoy its finest hour?
Praise be to God who gave us life and, too,
Who showed men how to make sick hearts like new.

E. P. B.

ETHICS FOR CLINICAL RESEARCH

At its meeting in Helsinki, Finland, the World Medical Association formulated the "Declaration of Helsinki", which, as reported in the Medical World News (Sept. 11, 1964), is "the final, formal expression" of a study that originated in the medical profession's concern over the Nazi brutalities performed in the name of scientific investigation. Dr. Harry S. Gear, WMA Secretary General describes the Declaration as the result of "a deep desire to help protect patients and society from any practice, in the name of medicine, not wholly acceptable morally."

GUIDELINES FOR RESEARCH

Clinical research should be governed by four basic principles, the World Medical Association believes. The "Declaration of Helsinki" outlines these considerations:

Ethics—*Human experimentation must conform to the moral and scientific principles that justify medical research. It should be based on laboratory and animal experiments or other scientifically established facts.*

Qualifications—*Clinical tests should be conducted only by scientifically qualified persons and under the supervision of a qualified physician.*

Preparations—*Every project should be preceded by careful assessment of inherent risks weighed against foreseeable benefits.*

Precautions—*The physician must exercise special caution to protect the personality of the individual from alteration by drugs or experimental procedures.*

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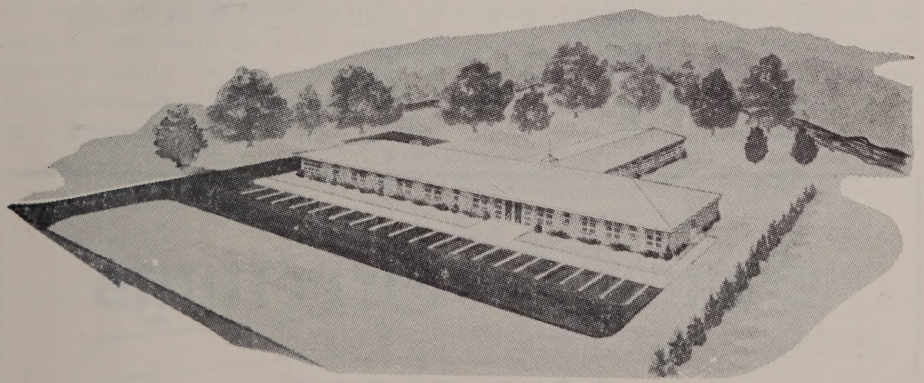

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PHYSICIAN-HOSPITAL RELATIONS
(AS THE SURGEON SEES IT)

The mutual interdependence of physicians and hospitals referred to in the November editorial is nothing new, especially as it applies to the surgical practice. The surgeon without a hospital and a suite of operating rooms is considerably handicapped. The internist, also, needs today hospital facilities but not to the same degree. On the other side of the coin is the hospital with many empty beds (a rarity today), and the resulting financial problems.

How can the hospital trustees and the practicing physicians better understand each other's problems? The trustees are the ultimate hospital authority. They carry the legal, the financial and the staffing responsibilities of the institutions. We must remember also that trustees are unpaid volunteers whose only reward is to see that the public gets good medical care and hospital accommodations.

The doctors in the hospital provide the medical care of the patients, using the facilities provided by the trustees. The staff can best judge professional competence and is in a position to know what is needed in the way of physical equipment. To be sure, from time to time individual preferences seem to transcend good judgment, but by and large the interest of the patient is paramount. In a well organized staff the checks and balances guarantee the best possible care for the patient.

Where differences occur thoughtful Joint Conference Committee is most helpful. Here the physician members can educate the trustees, and also vice versa. This is communication at its best. An additional method is to have a staff representative attend trustee meetings and a trustee attend staff executive committee meetings. Through these methods mutual understanding and mutual respect can develop and misunderstandings may disappear.

The administrator is the natural go between for staff and trustees. He is at the mercy of both. He is hired by the trustees for whom he must produce and is the direct contact with the physicians who also, expect him to produce for them. He is also the hospital's public relations man. He is the target for criticism from all directions. A good administrator can do much to avoid hospital-professional misunderstandings: a poor one can demoralize an

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What of the future? Paid medical educators, paid chiefs of staff, emergency room coverage, pathology, radiology, and anesthesiology coverage, may in the future derive part or all of their income from the hospital. Many do so even now. Is this the corporate practice of medicine? What will the influence of the government eventually be in the running of our hospitals? With changing times these questions become more and more significant.

It behooves the physician of today to work intelligently for good staff organization, to learn to understand trustee and administrative problems, and to continue to strive for a mutual understanding of hospital professional problems. In addition, this solid front of a united hospital professional relationship will serve well as a bulwark against the socialization of medicine. In the light of the recent national elections the need for such a bulwark may be greater and sooner than we think.

Hayes

Cover: designed and sketched by E. P. Bagg.

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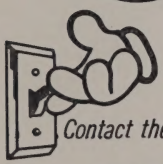

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